



APPLICATION FOR NURSERY PLACE

First Name of Child: _____ Surname of Child _____

Gender: Male Female Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Mother's NI Number _____ Father's NI Number: _____

Mother's date of birth _____ Father's date of birth: _____

Mother's Telephone _____ Father's Telephone: _____

Address: _____

GP: _____

Email address: _____

Are both parents working? Yes No

If both parents are working you may be entitled to the 30free hours

Did/does your child have a Brother or Sister at the nursery? Yes No

If yes, what is their name, class and Keyworker

Language spoken at home: _____

Nursery applicants: If we are able to offer your child a place, please tick which session you would prefer:

Morning 8.45 – 11.45 <input type="checkbox"/>	Afternoon 12.30 – 3.30 <input type="checkbox"/>	30 hours 9.30 – 15.30 <input type="checkbox"/> 8-12.45 <input type="checkbox"/> 11.15 – 15.30 <input type="checkbox"/>	Full time (8am – 6pm) (Deposit required) <input type="checkbox"/>
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Do you think your child may have special needs? Yes No Please Specify _____

This information will be shared with Local Health authorities, Children's Centre and Newham council.

Declaration: I confirm that the information provided on this form is correct to the best of my knowledge. I understand that if false information is provided on this form, it may result in an offer of a place being withdrawn.

Parent/Carer Signature: _____ Date: _____

Please post your completed application form to:
 Kay Rowe Nursery School - Nursery Applications, Osborne Road, Forest Gate, London, E7 0PH